

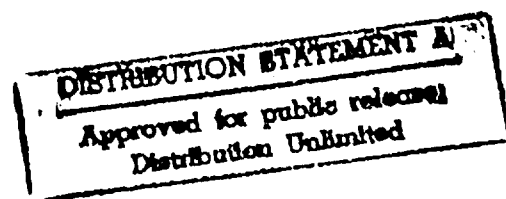
ADA 256 345

A STUDY OF MEMBERS' ATTITUDES
TOWARD THE PROCESS ACTION TEAM EXPERIENCE
AT A NAVAL HOSPITAL

A Report
Presented to
the Faculty of the School of Education
San Diego State University

In Partial Fulfillment
of the Requirements for the
Degree of Master of Arts
Dr. Al Merino

by
Joyce H. Seidman
1992



92 9 24 006

92-25782
A standard 1D barcode.

87
88

TABLE OF CONTENTS

	PAGE
ACKNOWLEDGEMENTS	i
ABSTRACT.....	ii
LIST OF APPENDICES	iii
CHAPTER	
I. INTRODUCTION.....	1
Background of the Study.....	1
Purpose of the Study.....	5
Importance of the Study	5
Limitations.....	6
Acronyms/Definition of Terms.....	6
II. REVIEW OF RELATED LITERATURE.....	9
From Control - to Commitment-Oriented.....	9
Change: Ice Changing Into Water Changing Into Steam.....	11
The Dawn of Quality Circles	12
Beyond Quality Circles: Toward A Systems Perspective	15
Have the Lessons Been Learned?	17
III. METHODOLOGY.....	18
Levels of Data Interpretation.....	20

CHAPTER

IV. FINDINGS.....	22
Training.....	23
Team Dynamics.....	25
Management Support	27
TQL	29
Discussion.....	32
V. CONCLUSIONS AND RECOMMENDATIONS.....	34
Getting There From Here	35
BIBLIOGRAPHY	39
APPENDICES.....	41
A. Letter Requesting Permission to Conduct Survey at Naval Hospital, San Diego, CA and Response.....	42
B. Process Action Teams Survey.....	45
C. Summary of Survey Data	49
D. Survey Responses by Grade/Rank Figures 1-35	56
E. Survey Responses by Team Maturity Figures 1-35	66

DTIC QUALITY INSPECTED 3

Accession For	
NTIS GRA&I	<input checked="" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By <i>perform 50</i>	
Distribution/	
Availability Codes	
Dist	Avail and/or Special
<i>A-1</i>	

ACKNOWLEDGEMENTS

I would like to thank the staff members at Naval Hospital, San Diego, California who participated in this project, and Captain Robert S. Kayler, Commander Charles Mount, Ann Robertson and Joe H. Bonner for their cooperation and assistance.

Special thanks to Kenneth J. Brodeur, Ph.D., for his accessibility, profound knowledge and spirited dialogue.

ABSTRACT

The Navy Medical Department, a bureaucratic control-type organization, is creating a quality infrastructure for the implementation of total quality leadership (TQL) through process action teams (PATs). Lessons learned from quality circles, an organizational intervention used to increase employees' participation in problem-solving, apply to the Navy's experience with PATs.

A survey instrument developed by the author was administered to process action team members at a Naval hospital to assess their attitudes toward the PAT experience and TQL. Attitudes are clearly important in a long-term change effort such as this. Without favorable attitudes and strong commitment to the process, the implementation of TQL cannot succeed.

The survey should be viewed as a formative evaluation of one Naval hospital's efforts after 18 months, a critical time to provide feedback about how team members are reacting to this management initiative.

While progress has been made, the survey results suggest areas where improvements should occur to deepen members' commitment to and acceptance of TQL and process action teams.

LIST OF APPENDICES

- A Letter Requesting Permission to Conduct Survey
at Naval Hospital, San Diego, CA and Response
- B Process Action Teams Survey
- C Summary of Survey Data
- D Survey Responses by Grade/Rank
Figures 1-35
- E Survey Responses by Team Maturity (Length of
Time This PAT Has Been in Existence)
Figures 1-35

CHAPTER I

INTRODUCTION

Background of the Study

The Navy Medical Department (NMD), like the line Navy, is a huge, complex bureaucracy characterized by a rigidly hierarchical structure, chain of command and short-term orientation of everything from length of assignments to individual and organizational accomplishments.

The Navy itself is a control-type organization characterized by structural and managerial paradigms often incompatible with the people-oriented, commitment-type strategies many organizations are embracing today.

Yet the Navy Medical Department, like its civilian counterparts in the health care industry, is searching for ways to improve. It is not a coincidence that as the Navy commits to improving productivity and quality for its external customers, it is searching for ways to revitalize internally.

In October 1989, the NMD dedicated itself to achieving a quality management culture through the use of cross-functional teams to improve administrative and clinical work processes. These quality improvement teams, called process action teams (PATs), reflect

Deming's total quality management (TQM) philosophy. The Navy's version of quality management is total quality leadership (TQL).

The use of teams to improve work processes is a departure from "business as usual" in Navy health care facilities. To appreciate the magnitude of this effort, consider that the Navy manifests the bureaucratic characteristics of most large-scale organizations: sheer size destructive of organizational vitality; elaborate organizational charts that are more an administrative convenience than a map of how work actually gets accomplished; excessively long chains of command in which decisions are slowed and adventurous moves blocked by multiple screening points and sign-offs; and a pervasive "if it ain't broke, don't fix it" mentality.

In this system, "the needs of the Navy" are paramount over individual desires or needs; departments and individuals are competitive rather than collaborative; promotions are based on an evaluation system where peers are ranked against each other based on short-term accomplishments, and innovation perceived as "rocking the boat" is often penalized. These would appear to be incompatible with commitment-type strategies that: 1) value people as the organization's primary asset, and 2) enable people to make greater contributions to their work.

The Navy's decision to revitalize by creating a quality infrastructure, so necessary for systemic and continuous improvement, should be commended. The NMD leadership seems to be encouraging decentralized management and fresh thinking, welcoming innovation

through teamwork, and involving people of all ranks and responsibilities in cross-functional teams. Teamwork is critical to TQL because it helps to create a climate that fosters continuous improvement, removes barriers that deprive employees of pride in their work and provides better information for decision-making.

Effective teams do not just happen, nor do they exist in an organizational vacuum. It would be a mistake to view teams as the "silver bullet" that will solve all quality problems and enhance organizational performance. Navy leadership must actively create a culture that will be supportive of and consistent with teamwork.

The empowerment of process action teams in an otherwise unchanged organizational context runs the risk of sending confusing mixed messages that could lead to cynicism and disappointment. For example, a perceived contradiction between the Navy's stated intention to empower teams and the command and control culture in which the teams are embedded could be interpreted as a mixed message.

Adopting PATs without making more fundamental organizational changes in structure and culture is a reform measure that ignores the synergistic effect such a measure has on a system.

A distinction between reform and transformation should be made: according to Rummler and Brache (1991), transformation permeates the entire organization and represents a sharp break with the past. Reform is change within the existing organization, a band-aid remedy that does not address underlying organizational issues. Is the Navy Medical

Department using PATs to implement a reform or to stimulate a cultural transformation?

If process action teams are a reform measure, they will develop as a parallel organizational structure like quality circles, fostering norms and behavior dramatically different from those that govern the Navy. Participants treated as thinking contributors on the PAT might be treated very differently in their daily work experiences. For example, people have their "real jobs" and also participate on a team. In PAT meetings, team leaders encourage equalized interaction, and opinions are valued regardless of rank or seniority. Yet back at the "real" job, supervisors may treat these people very differently. Team members might resent their assignment to teams and view participation as an obligation. This attitude would corrode, rather than improve, the organization.

The use of process action teams is a departure from the traditional control-oriented paradigm and is raising the Navy Medical Department's organizational consciousness. The success of this management initiative will depend on how favorably the officers, enlisted, and civilian personnel working in the system, perceive it. Signals, inadvertent and intentional, sent by NMD leaders will strongly influence these perceptions.

The Navy Medical Department believes that TQL may hold some badly needed solutions for "effectively using its scarce resources, addressing the many disaffections with the department, and addressing the gap between the department's and the customer's perceptions of the

level of health care provided" (Zentmyer & Zimble, 1991). The implementation of TQL through process action teams has begun.

Purpose of the Study

This study is a preliminary assessment of the implementation of TQL through process action teams (PATs) at a Naval hospital. The study should be considered a formative evaluation of one hospital's efforts after 18 months.

A survey instrument developed by the author was used to assess team members' attitudes toward the PAT experience and TQL. Attitudes are clearly important to the effectiveness of process action teams. Favorable attitudes among PAT members and dedicated staff are vital if the cultural transformation envisioned by the NMD leadership is to succeed.

Importance of the Study

The Navy Medical Department has invested substantial resources including personnel, money, training and time to establish PATs. The investment of additional resources will be required to nurture them over time. The attitudes of those currently serving on PATs will undoubtedly influence the attitudes of new team members. Attitudes and commitment are indications of return on the Navy's significant investment to date.

This study may provide useful feedback to the Navy Medical Department about how team members are reacting to this management initiative. The findings suggest possible mid-course modifications to strengthen the program.

Limitations

By definition, a forced-choice survey questionnaire cannot explore the in-depth feelings of respondents.

Eighty of 126 questionnaires were completed and returned for a response rate of 63 percent. Due to the small sample size, readers are cautioned about the generalizability of results.

Acronyms/Definition of Terms

Customer. The role a person or unit plays when receiving the service or product produced.

Continuous Quality Improvement. Centerpiece of a quality culture in which incremental process improvement is emphasized over the dramatic quick-fix.

Facilitator. A coach to the team leader and consultant to the team. The facilitator focuses on the meeting process in guiding the PAT toward completing its mission through FOCUS/PDCA.

FOCUS/PDCA Quality Improvement Model. Framework for applying quality improvement tools to systematic process improvement. Based on the scientific method, the model is the framework for examining processes, identifying the reasons for variation and making changes based on the root causes suggested by the data. The acronym stands for **F**ind a process to improve, **O**rganize a team to study the process, **C**larify current knowledge of the process, **U**nderstand causes of process variation, **S**elect the process improvement/**P**lan the improvement and continued data collection, **D**o the improvement, data collection and analysis, **C**heck the results and lessons learned from the team effort, **A**ct to hold the gain and to continue to improve the process.

Opportunity Statement. Statement developed by the QMB which defines the boundaries of a process to be improved.

Process. Actions that repeatedly come together to transform inputs provided by a supplier into outputs received by a customer.

Process Action Team (PAT). Cross-functional team chartered by the QMB to study a work process by using the FOCUS/PDCA model.

Includes members who have a direct stake in the work process that is the team's focus.

Process Owner. The person who has the responsibility and authority to lead the continuous improvement of a process. Often the team leader.

Quality Management Board (QMB). Senior managers in a Navy facility empowered to charter and staff a PAT, review its progress and approve recommended solutions.

Team Leader. Generally the owner of the process that is the focus of the PAT. Works closely with the facilitator to guide the team through the improvement process.

Total Quality Leadership (TQL). Deming-based philosophy for creating organization-wide participation in implementing a system of continuous improvement to achieve customer satisfaction.

CHAPTER II

REVIEW OF RELATED LITERATURE

Quality improvement teams evolved from quality circles (QCs), employee participation programs that began in Japan. Since process action teams (PATs) share many QC characteristics, it is useful to examine the literature on quality circles to see what important lessons might apply to the process action team experience.

From Control - to Commitment-Orientation

Quality circles spawned a wide range of team configurations in the last ten years. During this same period, there has been a general trend in the United States toward commitment-oriented management strategies.

Commitment-oriented organizations view teams either as a building block of a quality infrastructure or as a mechanism for accomplishing work. The Navy Medical Department, historically the epitome of a control-oriented organization, is using process action teams for both of these purposes.

The way teams are viewed reflects what companies want their teams to accomplish, but it also reflects an organization's philosophical base, belief system and values. These drive the way an organization views its external customers and the way it treats its employees. An

organization's values shape the culture in which teams operate and can have a profound impact on the effectiveness of teams.

The Navy, as a control-type organization, has been dominated by top-down management and narrowly defined jobs. In contrast, a commitment-type organization is characterized by trust in employees' decision-making capabilities, increased job responsibilities and the mutuality of interests between employees and employers (Walton & Hackman, 1986).

In its apparent shift from a control- to commitment-orientation, the Navy would be considered a mixed-strategy organization by Walton and Hackman (1986) who suggest that organizations in transition employ a mixture of policies, some of which impose top-down control and some of which foster greater responsibility. An organization in transition may unintentionally send mixed signals. A mixed strategy is more ambiguous, less certain than either a control- or a commitment-oriented strategy. In an ambiguous organizational context, the establishment of cross-functional teams can unintentionally create confusion as employees try to reconcile "what management is saying now" with "the way things have always been done here."

The acceptance and success of process action teams, therefore, depend to some degree on how team members interpret new developments, their attitudes about how credible and trustworthy management is, and their prior personal and professional experiences with the Navy.

Change: Ice Changing Into Water Changing Into Steam

Changing the culture of the tradition-bound, hierarchical Navy Medical Department requires perseverance. Like a ship, change in direction does not come quickly (Zentmyer & Zimble, 1991).

Implementing TQL through process action teams requires substantial change in attitudes and behavior. According to Doherty (1990), it requires change in the way: 1) managers relate to their subordinates, 2) decisions are made, 3) quality is defined, 4) organizations are structured and 5) work processes are designed and improved.

Changing from a control- to a commitment-organization "is a profound cultural change . . . from top to bottom" (Walton & Hackman, 1986) that takes sustained commitment and time. Teams "can either impede or accelerate the transition to a commitment organization" (ibid.). The messages that leaders send during this time influence the sense-making of employees (Smircich & Morgan, 1982) who are interpreting these events, managing their own meanings. Leaders may be trying to shape a reality of cooperation and urgency (Smircich & Morgan, 1982), but if the staff do not share this reality, the trust and commitment vital for change will not develop.

In the Navy context, if officer, enlisted and civilian staff do not perceive the need for cooperation and urgency in committing to TQL, the effort cannot succeed. The most likely "disconnect" would be the result of a contradiction between the Navy's stated intention to empower cross-

functional teams and promote open communication and trust and the command and control culture in which the new philosophy is embedded.

The Dawn of Quality Circles

Quality circles came of age at a time when control-type organizations were the norm, long before Deming-based management philosophies were embraced in this country.

As an organizational intervention, QCs were an early attempt by corporations to involve employees in problem-solving in order to increase corporate productivity and improve quality.

Operationally defined, a quality circle is a "group of six to twelve workers and their supervisor that meets regularly to solve work-related problems affecting its work area" (Barrick & Alexander, 1987). QC participants received training in problem identification, group dynamics and statistical control tools and procedures. After studying a work problem, the QC presented its proposed solution to management.

American companies began experimenting with QCs in the mid-1970's when it became obvious that deterioration in America's competitiveness in the world marketplace could no longer be denied. American managers tried to identify a key factor responsible for Japan's success. Many of them believed that quality circles were the "silver bullet."

Quality circle activity proliferated dramatically during the 1980's. According to Lawler and Mohrman (1985), 44% of all companies with

more than 500 employees had QC programs. In 1985, over 90% of Fortune 500 companies had them (Lawler & Mohrman, 1985).

Unlike in Japan, where QCs were one aspect of a comprehensive cultural and economic transformation, in this country QCs were adopted by organizations that were not committed to fundamental change. American companies tried to transplant QCs without making changes in organizational structure or cultural climate (Piczak, 1988). American managers gave little thought to preparing the organization for QCs or to anticipating what synergistic effect QCs might have on the organization.

Garfield (1991) stated that "programs" or piecemeal attempts at reform are unsuccessful when they are implemented in an "unchanged environment . . . thwarted by rigid hierarchies." The use of quality circles was a reform measure that represented not a creative response to change, but a predictable kneejerk reaction to stave off change. Like other band-aid approaches, QCs demonstrated some early benefits that were not sustained over time.

Lawler and Mohrman (1987) suggested that the use of quality circles in this country was really an attempt by management to "safely" move an organization to a more participative culture. Because QCs were not integrated into the regular organization, they developed as separate and distinct from the organization's normal way of conducting its business. Circles caused only minimal disruption to the organization and became "parallel organizational structures" (ibid.). Quality circle activity did not threaten managers and preserved

managerial authority, so most managers were willing to accept them. Sometimes, QCs developed as something "the top told the middle to do to the bottom" (Lawler & Mohrman, 1985).

As a reform measure, quality circles perpetuated the status quo. They were not intended to represent a sharp break with past management practices.

Following the initial heralding of quality circles, disillusionment set in. Blair and Whitehead (1984) cited lack of top management support-- after initial enthusiasm, later QCs competed for management attention; inadequate provision for middle management involvement, and an overemphasis on short-term results. Middle managers resisted QCs; some felt that worker-initiated solutions intruded into their scope of responsibility.

Because quality circles did not involve everyone in the organization, only those who volunteered to participate, resentment set in between employees who chose to participate and those who did not (Honeycutt, 1989).

Quality circle solutions had to be approved by the regular management, so when solutions were accepted, they were really the result of joint, rather than delegated, decision-making. Instead of transferring responsibility to those who performed the work (QC members), circles actually increased the demands on management.

Finally, failure to implement some of the proposed solutions and the failure of some early solutions to produce the level of cost savings projected, further contributed to the demise of QCs (Bagwell, 1987).

For these reasons, quality circles came to be seen as a fad. Nearly 70% of them eventually failed (Bagwell, 1987).

Beyond Quality Circles: Toward a Systems Perspective

Quality circles as an organizational intervention was not the panacea hoped for, but they had the effect of awakening American managers to the benefits of commitment-type management strategies and the potential of teamwork.

Rummler and Brache (1991) elegantly describe the "systems view" of organizations that commitment-type companies have adopted. In this view, work is seen as being accomplished horizontally, not vertically as organization charts presume, through processes that cut across traditional (departmental) boundaries.

Viewing the organization horizontally restores the critical elements missing from the organization chart perspective: customers, work processes, a sense of the work flow and the critical interfaces which occur in the white spaces on an organization chart. Departments are viewed not as isolated fiefdoms operating for their own gain, but as internal customers and suppliers of work processes that contribute to optimizing the organization. Improvement efforts are concentrated at the points of overlap between departments.

In the systems view, everyone involved in a process understands not only how to do their jobs, but how their jobs relate to others' work in the process and how the process fits into the bigger picture.

Rummler and Brache (1991) state that the greatest opportunities for improvement are the points of overlap between departments, those "points at which a baton is passed from one department to another."

Cross-functional teams such as PATs spring naturally from a systems view of organizations to capitalize on performance opportunities at the functional interfaces. These teams are made up of staff from different departments of the hospital who have a direct stake in improving a work process. They operate on the assumption that improving a work process first requires people to pool their knowledge, people who without benefit of the team might never even interact with each other.

Cross-functional teams also ensure diverse perspectives. Team members may see for the first time how they contribute to the overall process, how their actions affect another department. Multiple and opposing viewpoints stimulate creativity and foster new ways of looking at an issue. Research shows that teams that view things in the same way "have done less well on every occasion than teams composed of people who had a variety of points of view" (Shea & Guzzo, 1989).

Moreover, research also suggests that lasting, sustainable solutions are "more likely to be achieved through the insights of the individuals who ultimately will implement them and work within the process" (Berwick, Godfrey, & Roessner, 1990).

From the bedside to the boardroom, the nature of healthcare delivery requires interaction and cooperation (Heilig, 1990). As the NMD

becomes more customer-focused and quality-driven, the benefits of cross-functional teamwork become evident.

Have the Lessons Been Learned?

Cross-functional teams are one element of a quality management strategy. To be effective, they must be consistent with the culture and aggressively supported by top management (Zenger, Musselwhite, & Hurson, 1991).

To succeed, team members need training in team-building and group process skills, systematic problem-solving grounded in the scientific method and access to information. As the Japanese are fond of saying, quality begins with education and ends with education (Scholtes & Hacquebord, 1988).

Teams operating in environments where policies are incongruent, inconsistent or not supported by management in word and deed, will be frustrated. Instead of the anticipated positive effects teamwork would have on an organization, frustrated teams would lead to the opposite result - reduced organizational effectiveness and cynical, openly skeptical employees.

CHAPTER III

METHODOLOGY

Prior to conducting this study, the author secured permission from the Naval Hospital, San Diego, California to administer a survey questionnaire (Appendix A).

The author attended a one-day orientation/introduction to TQL presented by the hospital's TQL Coordinator. This awareness training is designed to introduce hospital staff (prospective process action team members) to Deming's philosophy and TQL principles.

The author has previously attended a four-day workshop designed for PAT facilitators. Facilitators are required to attend this workshop prior to their assignment to a team. Process action team leaders, however, receive no special training other than the awareness training. Some attend the facilitator training, although the vast majority do not have this opportunity, since facilitators receive priority consideration for limited quotas.

A survey questionnaire was developed by the author to obtain feedback from team members about their attitudes toward the process action team experience and TQL. Findings should provide useful feedback to the hospital's executive staff. The management initiative

was about 18 months old when this study was conducted, a critical time to assess its progress.

The questionnaire, a 4-item forced-choice Likert-type instrument (Appendix B), assessed respondents' attitudes by asking them to indicate whether they strongly agree, agree, disagree or strongly disagree with statements about the process action team experience and TQL. Items were worded in both positive and negative directions to encourage active reading of the statements.

The author encouraged respondents to make comments or address topics the questionnaire did not cover.

A pilot test using a draft questionnaire was administered in March 1992. This questionnaire, a 5-item forced-choice Likert-type scale, was distributed to two process action teams (two team leaders, two facilitators and 16 team members). An item analysis was done to identify the best items. The following changes to the draft questionnaire were made.

First, the length of the survey was reduced by ten questions, from 45 to 35. Second, the author eliminated the "neutral" response category in order to squeeze the data. Third, the wording of several questions was clarified to reduce ambiguity. And finally, since there were few notable differences between team leaders, facilitators and members, the actual survey was distributed only to team members.

The draft questionnaire was shared with the Director for Hospital Administration and the Special Assistant for Total Quality Leadership

for their review and comment. The author considered their comments in the revision process.

The survey was distributed in April 1992 to 126 process action team members serving on 11 teams at Naval Hospital, San Diego. The teams surveyed were from the Hospital Operations and Health Care Services QMBs. Team longevity ranged from newly formed (about one month) to teams nearing completion (about one year in existence). Actual categories of team maturity were 1-4 months, 5-8 months and more than eight months.

Team members were military officers, enlisted personnel and government employees (civil service) whose regular jobs included a variety of direct and indirect health care and auxiliary services within the hospital. A team, for example, might comprise a physician, an administrator, a ward clerk, a lab technician and a secretary and include both civilian and military personnel (with commensurate mix of ranks and responsibilities).

Of the 126 questionnaires distributed, 80 completed questionnaires were returned, a response rate of 63 percent.

Levels of Data Interpretation

Level 1: Strongly Agree/Very Satisfied

Interpretation: Respondent is fully onboard with and enthusiastic about the TQL/PAT process

Level 2: Agree/Satisfied

Interpretation: Respondent is onboard with the TQL/PAT process
but is not fully convinced.

Level 3: Disagree/Dissatisfied

Interpretation: Respondent is not onboard with the TQL/PAT process
but could be convinced.

Level 4: Strongly Disagree/Very Dissatisfied

Interpretation: Respondent is opposed to and may be resisting the
TQL/PAT process.

CHAPTER IV

FINDINGS

The survey results discussed in this section assess team members' attitudes about TQL and the experience of participating on a process action team. Appendices C, D & E apply.

The Naval Hospital, San Diego had an 18-month history with process action teams when this study was begun. It is therefore reasonable to interpret findings within the framework of the hospital's success in implementing TQL through PATs. Given the expenditure of time, training and resources toward this effort, what progress has been made and where might attention be focused to ensure continued progress? The findings presented here may be considered a benchmark of the hospital's progress to date.

Findings are organized in four sections: training, team dynamics, management support and TQL. Pertinent demographic data such as respondent's status (e.g., officer, enlisted, civil service) and team maturity (three categories including teams of 1-4, 5-8, and greater than eight months' duration) are included where they serve to further illuminate the survey data.

It is noteworthy that more than half of the sample was comprised of officers (53%); the group least represented was enlisted personnel (15%) and civil service employees made up 28% of the sample. This is

interesting because process action teams are touted as egalitarian in composition. The first question raised by the survey is why so few enlisted personnel are serving as team members.

About 58% of PATs in this survey had been meeting for over eight months; 24% had been meeting for between 5-8 months and 18% had been in existence between 1-4 months.

The majority of respondents were officer personnel serving on mature process action teams of at least eight months' duration.

Survey items pertaining to the discussion on training include questions 1, 2, 3, 11, 13, 14, and 16.

Items pertaining to team dynamics include questions 4, 5, 10, 15, 17, 20, 21, and 25-30.

Items pertaining to management support include questions 6, 12, 18, 31, 33 and 35.

Survey items on TQL include questions 7-9, 22-24, and 32-34.

Supporting tables and figures are contained in Appendices D & E.

Training

The importance of training cannot be overemphasized and has a direct impact on members' attitudes about the PAT experience. It is essential that members are comfortable applying the tools and techniques acquired through training.

Since the FOCUS/PDCA model is used extensively during PAT meetings, concrete training in the components of this model is

fundamental to imparting the tools and techniques to members who are expected to apply them at PAT meetings and on the job.

Nearly one-fourth of all respondents expressed dissatisfaction with the amount of training they received before becoming a PAT member. The greatest amount of dissatisfaction came from the enlisted members. The "newest" teams (in existence for 1-4 months) were the most dissatisfied with the training they received prior to PAT membership.

Part of PAT meetings are devoted to "just in time" training in FOCUS/PDCA. Overall, team members expressed more satisfaction with training during meetings. Civil service employees were the most satisfied with training presented during meetings. Officers expressed the most dissatisfaction (nearly 25%).

Three questions addressed FOCUS/PDCA directly. Results suggest it takes time to warm up to the model, and even members in more mature teams may not fully understand how to use FOCUS/PDCA.

More than one-third of all respondents felt they lacked sufficient knowledge of statistical tools and techniques to apply the FOCUS/PDCA model. Enlisted personnel felt the least knowledgeable. Confidence in using the FOCUS/PDCA model increased with time - the longer members were on a team, the more likely they were to say they possessed sufficient knowledge of the model. Even so, more than 50% of members on teams of 1-4 months and 5-8 months stated they did not feel they had enough knowledge to use FOCUS/PDCA. Even in the most

mature groups, nearly 25% still lacked confidence in this central area of team activity.

Nearly half of the officers in the sample felt their PATs had difficulty using the FOCUS/PDCA model, more than double that of enlisted and civil service. PATs of 5-8 months duration had the most difficulty with the model. This could be a function of "reality" setting in as the team starts to apply the more technical aspects (statistical application) of the FOCUS/PDCA model.

A surprisingly high percentage (about 25%) of all PAT members was frustrated regardless of team maturity. Officers expressed the most frustration; civil service expressed the least frustration. Discomfort with FOCUS/PDCA and inadequate training prior to assignment to a team must be considered as possible explanations for this frustration.

Finally, only about one-fourth of all team members said they were "very satisfied" with their PATs. The data suggest that the longer the team has existed, the greater the satisfaction experienced by team members. Interestingly, civil service were by far the most satisfied with the PAT experience (46%). Officers expressed the strongest dissatisfaction (17%) with their PATs.

Team Dynamics

One of the basic premises of TQL is that everyone contributes to a process. PATs actively encourage and reflect this premise. Team leaders create a climate that encourages open communication, trust and respect for all team members regardless of ranks and seniority.

leaders create a climate that encourages open communication, trust and respect for all team members regardless of ranks and seniority.

The survey data demonstrate that feeling valued as a team member, equal treatment of members during meetings and feeling free to express opinions, increase with time. There was a huge change after a team had met for up to eight months in the responses to these items (from about 21% to 60% for teams going more than eight months). This finding may reflect the cohesiveness that develops in groups over time and may also reflect the recognition that progress is being made.

Civil service personnel agreed most strongly with these survey items. The strongest disagreement came from the enlisted. Civil service also felt most free to express their opinions during PAT meetings and were more likely to perceive a high level of teamwork. In addition, civil service were the most satisfied with team progress and most strongly agreed that they had gained valuable skills as a result of the PAT experience.

Despite the best efforts of team leaders, it may be that officers and enlisted are less able to shift easily from the hierarchical military structure to the more open PAT meeting structure. This could reflect a lack of trust or open skepticism about process action teams and TQL.

The PAT experience, which is time-intensive considering the time spent in meetings, time away from the regular job, and time spent preparing for meetings, was not generally perceived as a waste of time, but this was also a function of team maturity - the longer the team has been existing, the more likely members were to view meetings as "not a

waste of time." This finding may also reflect progress toward achieving the opportunity statement and overall greater satisfaction with group accomplishments among more mature teams.

Finally, satisfaction with team leaders and facilitators increases over time. Civil service personnel indicated greater satisfaction with leaders and facilitators than did officers and enlisted.

Management Support

Management support is a critical factor affecting the success of process action teams. Management commitment is not only necessary for successful TQL implementation and PAT success but has a direct influence on longevity. To ensure real accomplishment and to keep the momentum going, top leadership has to encourage participation, walk the TQL talk and show genuine interest in PAT progress and problems, while being careful not to send mixed messages. One of the most potentially detrimental signals is lipservice to commitment-oriented participative principles that is not backed up by management policies, deeds and actions. This could lead to cynicism and mistrust among team members.

The survey demonstrates strong agreement among officers, enlisted and civil service across all three levels of team maturity, that the command aggressively supports process action teams and TQL. Supervisory support among department and division heads was also perceived as strong by all categories of respondents.

Furthermore, integrity in the PAT process is suggested by the response to the item, "I would recommend a PAT process improvement even if I thought my supervisor would disagree with it." Strong agreement with this statement was indicated, although officers were less likely to recommend an improvement their supervisors might disagree with. This may reflect officers' sensitivity to being seen as "rocking the boat"; it could also reflect officers' greater reluctance to introduce potential areas of conflict that could have possible career repercussions.

Once again, agreement increased as a function of members' length of time on the team.

The survey also indicates that too many PAT members are not yet convinced that this command "walks the TQL talk." Since team members are active participants in the TQL process, this is a distressing finding. It could suggest that members are disenchanted with the PAT experience or that they perceive a disconnect (mixed signal) between the command leadership's words and actions.

Interestingly, twice the number of team members appear to become "true believers" in TQL and PATs at the same time that an equal number become increasingly disenfranchised, as length of time on the team increases.

Perhaps the single most important indication of management support is the strength of team members' conviction that PATs will work for Navy Medicine.

Officers remained the least convinced that PATs will work for Navy Medicine. Civil service personnel were the most convinced.

Survey respondents on teams existing longer than eight months were also more strongly convinced (61%, as compared with 21% and 16% for teams existing 1-4 months and 5-8 months, respectively).

The lack of commitment/conviction that "TQL will work" among people actively participating in the process is troublesome and represents a key challenge to command leadership. This finding may suggest that members have not yet seen positive change in the work environment since program inauguration.

TQL

The implementation of TQL through the use of process action teams is a significant cultural change. Employees' acceptance of TQL principles and tools is essential.

Process action team members are on the front lines of this cultural change since they actively practice TQL during PAT meetings. The real test of acceptance and commitment is the extent to which members apply TQL tools and techniques back on the job. Ultimately, TQL has to be internalized at the "deckplate" level. This is a crucial measure of a successful program.

The survey asked PAT members if they would serve on another team and whether they would consider being team leaders and facilitators. These items reveal whether team members would

voluntarily repeat the experience and whether they would accept leadership roles.

The results again reflect team maturity: 29% of people on teams of 1-4 months' duration, 42% of people on teams of 5-8 months' duration, and 53% of people on teams existing over eight months, strongly agreed they would volunteer to serve on another PAT. It is noteworthy that more than half of the officer respondents (53%) strongly agreed they would volunteer for the experience again, while less than half (42%) of the enlisted and only about one-third (36%) of civil service employees would.

Team members overwhelmingly prefer to participate as members, consistent among all levels of PAT longevity, rather than accept leadership roles. Respondents were more likely to consider the facilitator role than the team leader role.

Survey data demonstrate a clear reluctance on the part of officers, enlisted and civil service employees to aspire to PAT leadership roles. A full third in each category disagreed with the statements. Reluctance on the part of team members to assume leader and facilitator roles needs to be more fully explored. This could be a significant barrier to the continuity and longevity of PATs at this command.

Another measure of TQL acceptance is whether PAT members are using the statistical tools back on the job. Here the results are somewhat ambiguous: 40% said they did and 43% did not. Given the general trend that team members were uncomfortable with FOCUS/PDCA and had trouble using the statistical tools, it is difficult to

believe that so many are using them on the job. This survey item may be a function of what respondents believe is a desired response and should be interpreted with caution.

There was strong agreement that TQL "will work at this command," with enlisted and civil service people more optimistic than officers. This finding trends upward with team maturity and is especially interesting in light of members' conviction that TQL would not work for Navy Medicine. Perhaps there is more confidence in TQL's workability at the local level.

All groups believed participating on a PAT will be useful in their careers, although the numbers were less impressive than might be hoped for. The enlisted were less likely to see the PAT experience as useful to their careers than officers and civil service personnel.

Results showed that PAT members' appreciation for TQL increased over time. Fewer than one-fourth of respondents on teams in existence less than eight months strongly felt an increased appreciation of TQL, whereas 50% of those on teams going more than eight months expressed an increased appreciation for TQL. A greater percentage of civil service personnel than officers and enlisted stated their appreciation for TQL had increased as a result of PAT membership.

Members on teams more than eight months old stated they were more committed to TQL as a result of participating on the PAT (46%, as opposed to 21% and 10%). Yet there were also more who disagreed (17%) with this statement in the teams functioning for more than eight months. This could indicate waning commitment among the "true

believers" or suggest that the "disbelievers" are gaining ground and are becoming more disenchanted.

Discussion

The Naval Hospital, San Diego is at a critical juncture in its implementation of total quality leadership through process action teams. Survey data suggest that despite top management support for PATs and for TQL, there are opportunities for mid-course corrections.

TQL requires the commitment, enthusiasm and participation of everyone in all functions and at all levels. Yet survey findings revealed a disproportionate number of officer personnel on PATs, and the officers were the most skeptical of and least satisfied with the quality management/PAT process.

Findings also suggested that enlisted personnel were the most frustrated with the process. They felt poorly prepared and inadequately trained to participate on a process action team. This was particularly true for FOCUS/PDCA and the application of statistical tools necessary in gathering, analyzing and interpreting data.

Civilian personnel were consistently more satisfied with the process and their participation in it. Civilians were more likely to say they had acquired valuable skills, that what they had learned would be useful in their careers, that time devoted to PAT activities was well spent and that they were treated equally during PAT meetings.

Team maturity appeared to significantly affect team members' attitudes as well. In general, the longer the team had been in existence,

the more satisfied with the process and supportive of TQL members tended to be.

In some areas, there was a decline for teams in existence between 5-8 months and then an upward trend as teams matured. This could reflect disenchantment with the process/progress toward achieving the opportunity statement or frustration and discomfort in applying statistical tools.

The strength of members' commitment appears to increase with the length of time the team has existed. This may be a function of group cohesion, feelings of accomplishment, feeling valued as a team member or an enhanced receptivity to the TQL process.

Conclusions and recommendations are presented in the next section.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The Naval Hospital, San Diego began utilizing process action teams 18 months ago as a means of moving toward a commitment-type organization, laying the foundation for a quality infrastructure consistent with total quality management and actively involving all personnel in improving clinical and administrative work processes.

The corporate experience with quality circles demonstrated the need to integrate teams into the "regular" organization. Other lessons learned include the need for top management to create a climate conducive to team success by obtaining the trust and commitment of employees and actively involving managers and supervisors from the beginning.

The demise of quality circles demonstrated that no reform measure is a panacea and that perpetuating the status quo may stave off needed change.

A major purpose of this study was to evaluate the Navy's management initiative by assessing the attitudes of PAT members, who as active participants in the process might be expected to be highly committed. Without favorable attitudes and the solid commitment of people involved, little can be accomplished. Attitudes of team members at this point in time provide one measure of return on the command's

investment in TQL. The same amount of effort to establish process action teams and implement TQL must be expended to nurture and manage them over time.

Getting There From Here

Team members perceive training as woefully inadequate. A one-day awareness presentation on TQL clearly does not provide prospective team members with the confidence or the skills they need. Survey results suggest members lack sufficient applied training in statistical techniques and FOCUS/PDCA. Training for team members should be reviewed and refocused.

All group members, not just facilitators, need the information presented during the facilitator's workshop prior to being assigned to a team.

The role of the facilitator should be clarified and re-evaluated to determine how teams can best capitalize on the facilitator's knowledge and skills.

The survey results strongly indicate that the FOCUS/PDCA model is time-consuming, confusing and frustrating to team members. Perhaps the instruction itself is unnecessarily complicated. This speaks to the heart of the PAT experience. It suggests members need more applied knowledge and a deeper understanding of FOCUS/PDCA in addition to cognitive training in TQL philosophy if the model is going to inform data-driven decisions.

A related issue suggested by the survey is whether everyone even needs sophisticated, in-depth knowledge of statistical tools and techniques.

Some teams get so bogged down with the formality of cloudy problem-solving that it may interfere with team process and members' attitudes. This may explain why so many team members stated that PATs are time-consuming and progress too slow.

One measure of the success of PATs as a vehicle for implementing TQL is the extent to which the tools used during PAT meetings are applied in the work setting. Fewer than half of the respondents said they apply statistical tools on the job. At least two possible explanations pertain: the actual impact of teams on daily work is a longer-term phenomenon. But it is possible that members do not see the applicability of TQL tools to their jobs. This is a disturbing explanation since transfer of these skills to all functions of the hospital is the goal.

This finding further suggests that tangible benefits of the PAT process are not yet being seen at the deckplate level. While it may be too soon in the process, action should begin immediately to ensure that TQL is internalized at the deckplate level. Until then, TQL implementation cannot be considered successful.

The learning curve for TQL is steep. TQL cannot be learned in one day or one week. Members need both formal and refresher training. Retraining is necessary, especially in a military setting, to adapt to

changes such as fluctuating team membership and changes in leadership.

The survey demonstrated clearly that civil service personnel are the most satisfied with the PAT experience and the most optimistic about TQL. Since civilians represent stability and continuity in the military setting, the command should support their enthusiastic involvement in the TQL effort. It is an important positive finding of this survey that civilians are so favorably impressed with TQL and PATs.

But the related issue is disturbing. Why are officers and enlisted personnel consistently less satisfied, less committed and generally less optimistic about PATs and less convinced that TQL will work, despite their conviction that the command strongly supports both process action teams and TQL?

Clearly, this question needs to be explored and is suggested as an area for further study.

While progress has been made, there is still a significant gap between the high level of commitment needed for change to have a lasting effect and the current level of commitment among team members.

Despite their active participation in the process, PAT members are not fully convinced that TQL will work for Navy Medicine or that the command "walks the TQL talk." Furthermore, only one-third of respondents strongly agreed that their appreciation for TQL had increased and that they are more committed to TQL as a result of participating as a team member on a process action team.

The progress made to date at Naval Hospital, San Diego, should be applauded. Organizational change is never easy, particularly change undertaken by a control-oriented bureaucracy. This kind of change is a longer-term phenomenon whose benefits are not readily apparent for several years.

For this reason, there should be a mechanism for the continuous monitoring of this management initiative not only to make timely modifications but to demonstrate its value to the Navy leadership and to the officer, enlisted and civilian personnel, all of whom have a direct stake in the progress and success of TQL and process action teams.

Progress toward implementing TQL through process action teams is being made. This study suggests some opportunities for improvement to ensure continued progress over time.

BIBLIOGRAPHY

- Bagwell, T. (1987, September). Quality circles: Two keys to success. Quality Progress, 57-59.
- Barrick, M., & Alexander, R. (1987). A review of quality circle efficacy and the existence of positive-findings bias. Personnel Psychology, 40 (3), 579-593.
- Berwick, D.M., Godfrey, A.B. & Roessner, J. (1990). Curing Health Care: Strategies for Quality Improvement. San Francisco: Jossey-Bass.
- Blair, J., & Whitehead, C. (1984). Can quality circles survive in the United States? Business Horizons, 27 (3), 17-23.
- Doherty, L. (1990, May). Managing the transformation: A two-phase approach to implementing TQM. Navy Personnel Research and Development Center, San Diego, CA.
- Garfield, C. (1992). Second to None. Homewood, IL: Business One Irwin.
- Heilig, S. (1990, July/August). The team approach to change. Healthcare Forum Journal, 19-22.
- Honeycutt, A. (1989). Research report: The key to effective quality circles. Training and Development Journal, 43 (5), 81-87.
- Lawler, E., & Mohrman, S. (1987). Quality circles: After the honeymoon. Organizational Dynamics, 15 (4), 42-56.
- Lawler, E., & Mohrman, S. (1985, January-February). Quality circles after the fad. Harvard Business Review, 64-72.
- Piczak, M. (1988, December). Quality circles come home. Quality Progress, 37-40.
- Rummler, G.A., & Brache, A.P. (1991). Improving Performance: How to Manage the White Space On the Organization Chart. San Francisco: Jossey-Bass.
- Scholtes, P., & Hacquebord, H. (1988, July). Beginning the quality transformation, Part I. Quality Progress, 28-33.

- Shea, G., & Guzzo, R.A. (1989, Spring). Group effectiveness: What really matters? Sloan Management Review, 25 (4), 25-31.
- Smircich, L., & Morgan, G. (1982). Leadership: The management of meaning. The Journal of Applied Behavioral Science, 18 (3), 257-273.
- Walton, R., & Hackman, J. (1991). Teams under contrasting management strategies. Organizational Dynamics, 18 (4), 68-89.
- Zenger, J.H., Musselwhite, E., Hurson, K., & Perrin, C. (1991, October). Leadership in a team environment. Training & Development, 47-52.
- Zentmyer, R.K., & Zimble, J.A. (1991). The journey from bureaucracy to TQM. Quality Progress, 24 (9), 61-66.

APPENDICES

APPENDIX A

**Letter Requesting Permission to Conduct Survey
at Naval Hospital, San Diego, CA and Response**

6 Jan 92

From: Lieutenant Commander Joyce H. Seidman, MSC, USN
1411 Robinson Avenue, San Diego CA 92103

To: Commanding Officer, Naval Hospital, San Diego, CA
92134-5000

Subj: ADMINISTRATION OF SURVEY QUESTIONNAIRE TO SELECTED
PROCESS ACTION TEAMS AT NAVAL HOSPITAL, SAN DIEGO

1. I respectfully request permission to come aboard Naval Hospital, San Diego for the purpose of administering a survey questionnaire to selected process action teams.
2. I am a full-time graduate student in Educational Administration and Supervision at San Diego State University under DUINS orders. The questions in the survey focus broadly on the attitudes of team members, leaders and facilitators. The data collected from the survey will be presented in my thesis.
3. I have discussed my project with CAPT Kayler, director for hospital administration and CDR Mount, special assistant for total quality leadership. Please be assured that the administration and collection of the survey will be accomplished so as to interfere minimally with hospital operations.
4. Unless otherwise directed, I will continue the dialogue with CAPT Kayler and CDR Mount, briefing them regularly on the status of the project. I will begin gathering data in March 1992.
5. If you have any questions, please contact me at (619) 294-4436.


J. H. SEIDMAN



DEPARTMENT OF THE NAVY
NAVAL HOSPITAL
SAN DIEGO, CALIFORNIA 92134-5000

IN REPLY REFER TO


5000
BA/
21 Jan 92

From: Commanding Officer
To: Lieutenant Commander Joyce H. Seidman, MSC, USN, 1411
Robinson Avenue, San Diego, CA 92103

Subj: ADMINISTRATION OF SURVEY QUESTIONNAIRE TO SELECTED PROCESS
ACTION TEAMS AT NAVAL HOSPITAL SAN DIEGO

Encl: (1) Yr request ltr of 6 Jan 92

1. Enclosure (1) is returned approved.


R. S. WYLER
By direction

APPENDIX B

Process Action Teams Survey

PROCESS ACTION TEAMS SURVEY

I am a graduate student at San Diego State University, researching teams in organizations. This survey focuses on your attitudes about and satisfaction with Process Action Teams (PATs), your participation on the team, and general perceptions about Total Quality Leadership (TQL). Please be assured that your anonymity will be respected and confidentiality maintained.

Please indicate how satisfied you are or the level to which you agree or disagree with the statement. Thank you for your candid participation.

1. Rate your overall satisfaction with your PAT.

☐ Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

2. Rate your satisfaction with the amount of TQL training you received before becoming a member of this PAT.

☐ Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

3. Rate your satisfaction with the training your team receives during PAT meetings.

☐ Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

4. Rate your satisfaction with your team leader.

☐ Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

5. Rate your satisfaction with your team facilitator.

☐ Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

6. This command strongly supports PATs.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

7. I would volunteer to be a member of another PAT team if I felt I could contribute to the process being studied.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

8. I would consider being a team leader in the future.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

9. I would consider being a team facilitator in the future.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

10. PAT meetings are not a waste of my time.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

11. The FOCUS/PDCA cycle is not too time consuming.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

12. My supervisor is supportive of the time I must spend in PAT activities.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

13. I have sufficient knowledge of statistical tools to conduct the FOCUS-PDCA cycle.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

14. My PAT has no difficulty using the FOCUS/PDCA cycle.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

15. The team leader conducts PAT meetings effectively.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

16. I do not feel frustrated as a member of this PAT.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

17. Team members communicate openly and honestly on this PAT.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

18. The command does a good job of publicly recognizing PAT teams and members.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

19. The time I devote to this PAT is well spent.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

20. I am satisfied with the progress of this team toward achieving the opportunity statement.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

21. I have gained valuable skills in group process and communication on this PAT.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

22. I apply flow charting, process control charting, pareto diagramming on my regular job in the Command.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

23. The experience of being on this PAT will be useful to me in my Navy/government career.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

24. TQL will work at this Command.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

25. There is a high level of teamwork on this PAT.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

26. Members are treated equally during PAT meetings.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

27. I am a valued member of this PAT.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

28. In this PAT no single member dominates meetings.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

29. I feel free to express my opinions in PAT meetings.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

30. In this PAT, enlisted and civilians feel free to express their opinions.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

31. I would recommend a PAT process improvement even if I thought my Supervisor/ Department Head would disagree with it.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

32. As a result of participating on this PAT, my appreciation for TQL has increased.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

33. As a result of participating on this PAT, I am convinced that PATs will work for Navy Medicine.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

34. As a result of participating on this PAT, I am more committed to TQL.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

35. This Command "walks the TQL talk."

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Please feel free to expand on any items above and comment on any aspect of PATs not covered in this survey. (Continue on the reverse side if you require additional space)

Please check the appropriate boxes for general information.

Grade/Rank

☐ Officer ☐ Enlisted ☐ Civil Service

Length of time this PAT has been in existence.

☐ 1-4 Months ☐ 5-8 Months ☐ More than 8 Months

Length of time I have been on this PAT.

☐ 1-4 Months ☐ 5-8 Months ☐ More than 8 Months

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

APPENDIX C

Summary of Survey Data

SUMMARY OF ALL 80 FORMS

I am a graduate student at San Diego State University, researching teams in organizations. This survey focuses on your attitudes about and satisfaction with Process Action Teams (PATs), your participation on the team, and general perceptions about Total Quality Leadership (TQL). Please be assured that your anonymity will be respected and confidentiality maintained.

Please indicate how satisfied you are or the level to which you agree or disagree with the statement. Thank you for your candid participation.

(1) 1. Rate your overall satisfaction with your PAT.

28.8% Very Satisfied	8.8% Dissatisfied	2.5% No Answer
60.0% Satisfied	0.0% Very Dissatisfied	

The average response was 1.8.

(2) 2. Rate your satisfaction with the amount of TQL training you received before becoming a member of this PAT.

21.3% Very Satisfied	18.8% Dissatisfied	2.5% No Answer
51.3% Satisfied	6.3% Very Dissatisfied	

The average response was 2.1.

(3) 3. Rate your satisfaction with the training your team receives during PAT meetings.

18.8% Very Satisfied	12.5% Dissatisfied	2.5% No Answer
65.0% Satisfied	1.3% Very Dissatisfied	

The average response was 2.0.

(4) 4. Rate your satisfaction with your team leader.

48.8% Very Satisfied	7.5% Dissatisfied	0.0% No Answer
43.8% Satisfied	0.0% Very Dissatisfied	

The average response was 1.6.

(5) 5. Rate your satisfaction with your team facilitator.

45.0% Very Satisfied	5.0% Dissatisfied	1.3% No Answer
47.5% Satisfied	1.3% Very Dissatisfied	

The average response was 1.6.

(6) 6. This command strongly supports PATs.

71.3% Strongly Agree	3.8% Disagree	0.0% No Answer
23.8% Agree	1.3% Strongly Disagree	

The average response was 1.4.

(7) 7. I would volunteer to be a member of another PAT team if I felt I could contribute to the process being studied.

45.0% Strongly Agree	5.0% Disagree	0.0% No Answer
48.8% Agree	1.3% Strongly Disagree	

The average response was 1.6.

(8) 8. I would consider being a team leader in the future.

17.5% Strongly Agree	33.8% Disagree	1.3% No Answer
43.8% Agree	3.8% Strongly Disagree	

The average response was 2.2.

(9) 9. I would consider being a team facilitator in the future.

21.3% Strongly Agree	42.5% Disagree	0.0% No Answer
32.5% Agree	3.8% Strongly Disagree	

The average response was 2.3.

(10) 10. PAT meetings are not a waste of my time.

38.8% Strongly Agree	11.3% Disagree	0.0% No Answer
48.8% Agree	1.3% Strongly Disagree	

The average response was 1.8.

(11) 11. The FOCUS/PDCA cycle is not too time consuming.

16.3% Strongly Agree	22.5% Disagree	3.8% No Answer
57.5% Agree	0.0% Strongly Disagree	

The average response was 2.1.

(12) 12. My supervisor is supportive of the time I must spend in PAT activities.

66.3% Strongly Agree	3.8% Disagree	0.0% No Answer
30.0% Agree	0.0% Strongly Disagree	

The average response was 1.4.

(13) 13. I have sufficient knowledge of statistical tools to conduct the FOCUS-PDCA cycle.

17.5% Strongly Agree	36.3% Disagree	2.5% No Answer
41.3% Agree	2.5% Strongly Disagree	

The average response was 2.2.

(14) 14. My PAT has no difficulty using the FOCUS/PDCA cycle.

10.0% Strongly Agree	25.0% Disagree	7.5% No Answer
56.3% Agree	1.3% Strongly Disagree	

The average response was 2.2.

(15) 15. The team leader conducts PAT meetings effectively.

37.5% Strongly Agree	6.3% Disagree	0.0% No Answer
55.0% Agree	1.3% Strongly Disagree	

The average response was 1.7.

(16) 16. I do not feel frustrated as a member of this PAT.

25.0% Strongly Agree	18.8% Disagree	1.3% No Answer
48.8% Agree	6.3% Strongly Disagree	

The average response was 2.1.

(17) 17. Team members communicate openly and honestly on this PAT.

47.5% Strongly Agree	7.5% Disagree	0.0% No Answer
45.0% Agree	0.0% Strongly Disagree	

The average response was 1.6.

(18) 18. The command does a good job of publicly recognizing PAT teams and members.

36.3% Strongly Agree	15.0% Disagree	2.5% No Answer
43.8% Agree	2.5% Strongly Disagree	

The average response was 1.8.

(19) 19. The time I devote to this PAT is well spent.

36.3% Strongly Agree	8.8% Disagree	0.0% No Answer
55.0% Agree	0.0% Strongly Disagree	

The average response was 1.7.

(20) 20. *I am satisfied with the progress of this team toward achieving the opportunity statement.*

32.5% Strongly Agree	25.0% Disagree	1.3% No Answer
38.8% Agree	2.5% Strongly Disagree	

The average response was 2.0.

(21) 21. *I have gained valuable skills in group process and communication on this PAT.*

32.5% Strongly Agree	11.3% Disagree	0.0% No Answer
55.0% Agree	1.3% Strongly Disagree	

The average response was 1.8.

(22) 22. *I apply flow charting, process control charting, pareto diagramming on my regular job in the Command.*

8.8% Strongly Agree	40.0% Disagree	2.5% No Answer
43.8% Agree	5.0% Strongly Disagree	

The average response was 2.4.

(23) 23. *The experience of being on this PAT will be useful to me in my Navy/government career.*

36.3% Strongly Agree	2.5% Disagree	1.3% No Answer
58.8% Agree	1.3% Strongly Disagree	

The average response was 1.7.

(24) 24. *TQL will work at this Command.*

38.8% Strongly Agree	5.0% Disagree	1.3% No Answer
53.8% Agree	1.3% Strongly Disagree	

The average response was 1.7.

(25) 25. *There is a high level of teamwork on this PAT.*

35.0% Strongly Agree	6.3% Disagree	0.0% No Answer
57.5% Agree	1.3% Strongly Disagree	

The average response was 1.7.

(26) 26. *Members are treated equally during PAT meetings.*

43.8% Strongly Agree	2.5% Disagree	1.3% No Answer
50.0% Agree	2.5% Strongly Disagree	

The average response was 1.6.

(27) 27. I am a valued member of this PAT.

38.8% Strongly Agree	2.5% Disagree	0.0% No Answer
58.8% Agree	0.0% Strongly Disagree	

The average response was 1.6.

(28) 28. In this PAT no single member dominates meetings.

27.5% Strongly Agree	11.3% Disagree	0.0% No Answer
57.5% Agree	3.8% Strongly Disagree	

The average response was 1.9.

(29) 29. I feel free to express my opinions in PAT meetings.

51.3% Strongly Agree	2.5% Disagree	0.0% No Answer
45.0% Agree	1.3% Strongly Disagree	

The average response was 1.5.

(30) 30. In this PAT, enlisted and civilians feel free to express their opinions.

53.8% Strongly Agree	2.5% Disagree	5.0% No Answer
38.8% Agree	0.0% Strongly Disagree	

The average response was 1.5.

(31) 31. I would recommend a PAT process improvement even if I thought my Supervisor/ Department Head would disagree with it.

43.8% Strongly Agree	3.8% Disagree	2.5% No Answer
50.0% Agree	0.0% Strongly Disagree	

The average response was 1.6.

(32) 32. As a result of participating on this PAT, my appreciation for TOL has increased.

37.5% Strongly Agree	12.5% Disagree	1.3% No Answer
48.8% Agree	0.0% Strongly Disagree	

The average response was 1.7.

(33) 33. As a result of participating on this PAT, I am convinced that PATs will work for Navy Medicine.

40.0% Strongly Agree	7.5% Disagree	5.0% No Answer
46.3% Agree	1.3% Strongly Disagree	

The average response was 1.7.

(34) 34. As a result of participating on this PAT, I am more committed to TQL.

32.5% Strongly Agree	15.0% Disagree	1.3% No Answer
51.3% Agree	0.0% Strongly Disagree	

The average response was 1.8.

(35) 35. This Command "walks the TQL talk."

25.0% Strongly Agree	10.0% Disagree	8.8% No Answer
53.8% Agree	2.5% Strongly Disagree	

The average response was 1.9.

(36) Please feel free to expand on any items above and comment on any aspect of PATs not covered in this survey. (Continue on the reverse side if you require additional space)

No written replies.

Please check the appropriate boxes for general information.

(37) Grade/Rank

52.5% Officer	15.0% Enlisted
27.5% Civil Service	5.0% No Answer

(38) Length of time this PAT has been in existence.

57.5% More than 8 Months	17.5% 1-4 Months
23.8% 5-8 Months	1.3% No Answer

(39) Length of time I have been on this PAT.

42.5% More than 8 Months	23.8% 1-4 Months
30.0% 5-8 Months	3.8% No Answer

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

APPENDIX D

Survey Responses by Grade/Rank Figures 1-35

1. Rate your overall sat	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Very Satisfied	25.0	16.7	45.5	29.7
Satisfied	57.5	83.3	54.5	60.8
Dissatisfied	17.5	0.0	0.0	9.5
Very Dissatisfied	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	40	12	22	74

Figure 1.

Pre-TQL training	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Very Satisfied	26.8	0.0	23.8	21.6
Satisfied	53.7	41.7	52.4	51.4
Dissatisfied	14.6	41.7	19.0	20.3
Very Dissatisfied	4.9	16.7	4.8	6.8
Total	100.0	100.0	100.0	100.0
Number of Replies	41	12	21	74

Figure 2.

PAT training	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Very Satisfied	17.5	0.0	36.4	20.3
Satisfied	60.0	91.7	59.1	64.9
Dissatisfied	22.5	0.0	4.5	13.5
Very Dissatisfied	0.0	8.3	0.0	1.4
Total	100.0	100.0	100.0	100.0
Number of Replies	40	12	22	74

Figure 3.

Team Leader	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Very Satisfied	42.9	33.3	68.2	48.7
Satisfied	45.2	58.3	31.8	43.4
Dissatisfied	11.9	8.3	0.0	7.9
Very Dissatisfied	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 4.

Team Facilitator	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Very Satisfied	36.6	25.0	72.7	45.3
Satisfied	56.1	66.7	22.7	48.0
Dissatisfied	7.3	8.3	0.0	5.3
Very Dissatisfied	0.0	0.0	4.5	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	41	12	22	75

Figure 5.

6. This command strongly	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	71.4	75.0	68.2	71.1
Agree	23.8	16.7	27.3	23.7
Disagree	2.4	8.3	4.5	3.9
Strongly Disagree	2.4	0.0	0.0	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 6.

7. I would volunteer to	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	52.4	41.7	36.4	46.1
Agree	38.1	58.3	63.6	48.7
Disagree	7.1	0.0	0.0	3.9
Strongly Disagree	2.4	0.0	0.0	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 7.

Consider Team Leader	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	21.4	25.0	9.5	18.7
Agree	47.6	41.7	42.9	45.3
Disagree	28.6	33.3	38.1	32.0
Strongly Disagree	2.4	0.0	9.5	4.0
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	21	75

Figure 8.

Consider Team Facilitator	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	23.8	25.0	18.2	22.4
Agree	35.7	33.3	31.8	34.2
Disagree	38.1	41.7	40.9	39.5
Strongly Disagree	2.4	0.0	9.1	3.9
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 9.

10. PAT meetings are not	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	31.0	50.0	50.0	39.5
Agree	50.0	41.7	45.5	47.4
Disagree	16.7	8.3	4.5	11.8
Strongly Disagree	2.4	0.0	0.0	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 10.

11. The FOCUS/PDCA cycle	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	16.7	9.1	25.0	17.8
Agree	47.6	81.8	65.0	57.5
Disagree	35.7	9.1	10.0	24.7
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	42	11	20	73

Figure 11.

12. My supervisor is su	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	66.7	66.7	68.2	67.1
Agree	31.0	25.0	27.3	28.9
Disagree	2.4	8.3	4.5	3.9
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 12.

13. I have sufficient kn	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	23.8	9.1	14.3	18.9
Agree	33.3	18.2	66.7	40.5
Disagree	42.9	54.5	19.0	37.8
Strongly Disagree	0.0	18.2	0.0	2.7
Total	100.0	100.0	100.0	100.0
Number of Replies	42	11	21	74

Figure 13.

14. My PAT has no diffic	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	7.3	10.0	21.1	11.4
Agree	48.8	70.0	73.7	58.6
Disagree	41.5	20.0	5.3	28.6
Strongly Disagree	2.4	0.0	0.0	1.4
Total	100.0	100.0	100.0	100.0
Number of Replies	41	10	19	70

Figure 14.

15. The team leader cond	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	26.2	16.7	77.3	39.5
Agree	61.9	75.0	22.7	52.6
Disagree	9.5	8.3	0.0	6.6
Strongly Disagree	2.4	0.0	0.0	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 15.

16. I do not feel frustr	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	19.5	0.0	50.0	25.3
Agree	39.0	83.3	45.5	48.0
Disagree	31.7	8.3	4.5	20.0
Strongly Disagree	9.8	8.3	0.0	6.7
Total	100.0	100.0	100.0	100.0
Number of Replies	41	12	22	75

Figure 16.

17. Team members communi	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	45.2	41.7	50.0	46.1
Agree	45.2	50.0	45.5	46.1
Disagree	9.5	8.3	4.5	7.9
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 17.

18. The command does a g	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	45.2	25.0	28.6	37.3
Agree	35.7	58.3	52.4	44.0
Disagree	16.7	16.7	14.3	16.0
Strongly Disagree	2.4	0.0	4.8	2.7
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	21	75

Figure 18.

19. The time I devote to	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	31.0	33.3	45.5	35.5
Agree	54.8	58.3	54.5	55.3
Disagree	14.3	8.3	0.0	9.2
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 19.

Team progress	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	26.2	41.7	40.9	32.9
Agree	40.5	25.0	40.9	38.2
Disagree	28.6	33.3	18.2	26.3
Strongly Disagree	4.8	0.0	0.0	2.6
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 20.

21. I have gained valuable	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	28.6	16.7	50.0	32.9
Agree	54.8	66.7	45.5	53.9
Disagree	14.3	16.7	4.5	11.8
Strongly Disagree	2.4	0.0	0.0	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 21.

22. I apply flow chart in	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	11.9	0.0	9.1	9.2
Agree	47.6	16.7	54.5	44.7
Disagree	33.3	75.0	36.4	40.8
Strongly Disagree	7.1	8.3	0.0	5.3
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 22.

23. The experience of be	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	39.0	25.0	45.5	38.7
Agree	56.1	66.7	54.5	57.3
Disagree	4.8	0.0	0.0	2.7
Strongly Disagree	0.0	8.3	0.0	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	41	12	22	75

Figure 23.

24. TQL will work at thi	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	31.7	50.0	45.5	38.7
Agree	61.0	41.7	50.0	54.7
Disagree	7.3	0.0	4.5	5.3
Strongly Disagree	0.0	8.3	0.0	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	41	12	22	75

Figure 24.

25. There is a high leve	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	28.6	33.3	50.0	35.5
Agree	64.3	58.3	40.9	56.6
Disagree	7.1	8.3	4.5	6.6
Strongly Disagree	0.0	0.0	4.5	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 25.

26. Members are treated	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	40.5	33.3	59.1	44.7
Agree	54.8	50.0	40.9	50.0
Disagree	2.4	8.3	0.0	2.6
Strongly Disagree	2.4	8.3	0.0	2.6
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 26.

27. I am a valued member	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	38.1	41.7	40.9	39.5
Agree	57.1	58.3	59.1	57.9
Disagree	4.8	0.0	0.0	2.6
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 27.

28. In this PAT no singl	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	23.8	16.7	40.9	27.6
Agree	59.5	50.0	54.5	56.6
Disagree	11.9	25.0	4.5	11.8
Strongly Disagree	4.8	8.3	0.0	3.9
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 28.

29. I feel free to expre	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	42.9	33.3	72.7	50.0
Agree	52.4	58.3	27.3	46.1
Disagree	2.4	8.3	0.0	2.6
Strongly Disagree	2.4	0.0	0.0	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 29.

30. In this PAT, enliste	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	53.8	50.0	63.6	56.2
Agree	41.0	50.0	36.4	41.1
Disagree	5.1	0.0	0.0	2.7
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	39	12	22	73

Figure 30.

31. I would recommend a	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	35.7	50.0	57.1	44.0
Agree	59.5	50.0	38.1	52.0
Disagree	4.8	0.0	4.8	4.0
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	21	75

Figure 31.

Increased App. for TQL	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	35.7	33.3	45.5	38.2
Agree	50.0	50.0	45.5	48.7
Disagree	14.3	16.7	9.1	13.2
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 32.

PATs work in Navy Med.	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	36.6	41.7	50.0	41.1
Agree	51.2	50.0	45.0	49.3
Disagree	12.2	0.0	5.0	8.2
Strongly Disagree	0.0	8.3	0.0	1.4
Total	100.0	100.0	100.0	100.0
Number of Replies	41	12	20	73

Figure 33.

More committed to TQL	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	35.7	16.7	36.4	32.9
Agree	52.4	66.7	40.9	51.3
Disagree	11.9	16.7	22.7	15.8
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	42	12	22	76

Figure 34.

35. This Command "walks"	Officer	Grade/Rank		Overall
		Enlisted	Civil Service	
Strongly Agree	31.6	33.3	10.0	25.7
Agree	55.3	50.0	75.0	60.0
Disagree	10.5	8.3	15.0	11.4
Strongly Disagree	2.6	8.3	0.0	2.9
Total	100.0	100.0	100.0	100.0
Number of Replies	38	12	20	70

Figure 35.

APPENDIX E

**Survey Responses by Team Maturity (Length of
Time This PAT Has Been in Existence)
Figures 1-35**

1. Rate your overall sat	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Very Satisfied	14.3	15.8	40.9	29.9
Satisfied	85.7	63.2	52.3	61.0
Dissatisfied	0.0	21.1	6.8	9.1
Very Dissatisfied	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	44	77

Figure 1.

Pre-TQL training	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Very Satisfied	23.1	10.5	26.7	22.1
Satisfied	46.2	63.2	48.9	51.9
Dissatisfied	30.8	21.1	15.6	19.5
Very Dissatisfied	0.0	5.3	8.9	6.5
Total	100.0	100.0	100.0	100.0
Number of Replies	13	19	45	77

Figure 2.

PAT training	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Very Satisfied	21.4	0.0	27.3	19.5
Satisfied	64.3	84.2	59.1	66.2
Dissatisfied	14.3	15.8	11.4	13.0
Very Dissatisfied	0.0	0.0	2.3	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	44	77

Figure 3.

Team Leader	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Very Satisfied	42.9	42.1	54.3	49.4
Satisfied	57.1	52.6	34.8	43.0
Dissatisfied	0.0	5.3	10.9	7.6
Very Dissatisfied	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 4.

Team Facilitator	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Very Satisfied	21.4	31.6	60.0	46.2
Satisfied	78.6	63.2	31.1	47.4
Dissatisfied	0.0	5.3	6.7	5.1
Very Dissatisfied	0.0	0.0	2.2	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	45	78

Figure 5.

6. This command strongly	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	64.3	78.9	71.7	72.2
Agree	35.7	21.1	19.6	22.8
Disagree	0.0	0.0	6.5	3.8
Strongly Disagree	0.0	0.0	2.2	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 6.

7. I would volunteer to	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	28.6	42.1	52.2	45.6
Agree	71.4	47.4	43.5	49.4
Disagree	0.0	10.5	2.2	3.8
Strongly Disagree	0.0	0.0	2.2	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 7.

Consider Team Leader	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	7.1	31.6	15.6	17.9
Agree	50.0	31.6	46.7	43.6
Disagree	42.9	31.6	33.3	34.6
Strongly Disagree	0.0	5.3	4.4	3.8
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	45	78

Figure 8.

Consider Team Facilitator	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	7.1	36.8	19.6	21.5
Agree	42.9	15.8	37.0	32.9
Disagree	50.0	42.1	39.1	41.8
Strongly Disagree	0.0	5.3	4.3	3.8
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 9.

10. PAT meetings are not	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	28.6	21.1	50.0	39.2
Agree	50.0	68.4	39.1	48.1
Disagree	14.3	10.5	10.9	11.4
Strongly Disagree	7.1	0.0	0.0	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 10.

11. The FOCUS/PDCA cycle	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	7.1	0.0	27.9	17.1
Agree	57.1	78.9	51.2	59.2
Disagree	35.7	21.1	20.9	23.7
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	43	76

Figure 11.

12. My supervisor is su	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	50.0	63.2	73.9	67.1
Agree	50.0	31.6	21.7	29.1
Disagree	0.0	5.3	4.3	3.8
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 12.

13. I have sufficient kn	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	7.1	15.8	22.7	18.2
Agree	35.7	26.3	50.0	41.6
Disagree	57.1	57.9	22.7	37.7
Strongly Disagree	0.0	0.0	4.5	2.6
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	44	77

Figure 13.

14. My PAT has no diffic	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	0.0	0.0	18.6	11.0
Agree	75.0	55.6	58.1	60.3
Disagree	25.0	44.4	20.9	27.4
Strongly Disagree	0.0	0.0	2.3	1.4
Total	100.0	100.0	100.0	100.0
Number of Replies	12	18	43	73

Figure 14.

15. The team leader cond	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	21.4	26.3	47.8	38.0
Agree	78.6	68.4	41.3	54.4
Disagree	0.0	5.3	8.7	6.3
Strongly Disagree	0.0	0.0	2.2	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 15.

16. I do not feel frustr	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	14.3	10.5	35.6	25.6
Agree	64.3	63.2	37.8	48.7
Disagree	21.4	21.1	17.8	19.2
Strongly Disagree	0.0	5.3	8.9	6.4
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	45	78

Figure 16.

17. Team members communi	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	35.7	26.3	60.9	48.1
Agree	64.3	68.4	28.3	44.3
Disagree	0.0	5.3	10.9	7.6
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 17.

18. The command does a g	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	28.6	35.3	41.3	37.7
Agree	42.9	41.2	45.7	44.2
Disagree	28.6	23.5	8.7	15.6
Strongly Disagree	0.0	0.0	4.3	2.6
Total	100.0	100.0	100.0	100.0
Number of Replies	14	17	46	77

Figure 18.

19. The time I devote to	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	21.4	15.8	50.0	36.7
Agree	71.4	68.4	43.5	54.4
Disagree	7.1	15.8	6.5	8.9
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 19.

Team progress	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	14.3	27.8	41.3	33.3
Agree	50.0	38.9	34.8	38.5
Disagree	35.7	33.3	19.6	25.6
Strongly Disagree	0.0	0.0	4.3	2.6
Total	100.0	100.0	100.0	100.0
Number of Replies	14	18	46	78

Figure 20.

21. I have gained valuable	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	7.1	26.3	43.5	32.9
Agree	85.7	57.9	43.5	54.4
Disagree	7.1	15.8	10.9	11.4
Strongly Disagree	0.0	0.0	2.2	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 21.

22. I apply flow charting	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	0.0	5.6	13.0	9.0
Agree	50.0	33.3	47.8	44.9
Disagree	42.9	55.6	34.8	41.0
Strongly Disagree	7.1	5.6	4.3	5.1
Total	100.0	100.0	100.0	100.0
Number of Replies	14	18	46	78

Figure 22.

23. The experience of be	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	35.7	16.7	45.7	37.2
Agree	64.3	83.3	47.8	59.0
Disagree	0.0	0.0	4.3	2.6
Strongly Disagree	0.0	0.0	2.2	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	18	46	78

Figure 23.

24. TQL will work at thi	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	21.4	22.2	52.2	39.7
Agree	78.6	66.7	41.3	53.8
Disagree	0.0	11.1	4.3	5.1
Strongly Disagree	0.0	0.0	2.2	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	18	46	78

Figure 24.

	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
25. There is a high leve				
Strongly Agree	21.4	15.8	47.8	35.4
Agree	78.6	78.9	41.3	57.0
Disagree	0.0	5.3	8.7	6.3
Strongly Disagree	0.0	0.0	2.2	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 25.

	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
26. Members are treated				
Strongly Agree	21.4	21.1	60.0	43.6
Agree	78.6	73.7	33.3	51.3
Disagree	0.0	5.3	2.2	2.6
Strongly Disagree	0.0	0.0	4.4	2.6
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	45	78

Figure 26.

	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
27. I am a valued member				
Strongly Agree	21.4	15.8	54.3	39.2
Agree	78.6	78.9	43.5	58.2
Disagree	0.0	5.3	2.2	2.5
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 27.

	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
28. In this PAT no singl				
Strongly Agree	35.7	15.8	28.3	26.6
Agree	57.1	57.9	58.7	58.2
Disagree	7.1	26.3	6.5	11.4
Strongly Disagree	0.0	0.0	6.5	3.8
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 28.

29. I feel free to expre	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	28.6	31.6	65.2	50.6
Agree	71.4	63.2	30.4	45.6
Disagree	0.0	5.3	2.2	2.5
Strongly Disagree	0.0	0.0	2.2	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 29.

30. In this PAT, enlist	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	33.3	38.9	69.6	56.6
Agree	66.7	55.6	28.3	40.8
Disagree	0.0	5.6	2.2	2.6
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	12	18	46	76

Figure 30.

31. I would recommend a	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	28.6	36.8	53.3	44.9
Agree	64.3	63.2	42.2	51.3
Disagree	7.1	0.0	4.4	3.8
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	45	78

Figure 31.

Increased App. for TQL	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	21.4	21.1	50.0	38.0
Agree	71.4	57.9	39.1	49.4
Disagree	7.1	21.1	10.9	12.7
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 32.

PATs work in Navy Med.	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	21.4	15.8	60.5	42.1
Agree	64.3	78.9	30.2	48.7
Disagree	14.3	5.3	7.0	7.9
Strongly Disagree	0.0	0.0	2.3	1.3
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	43	76

Figure 33.

More committed to TQL	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	21.4	10.5	45.7	32.9
Agree	71.4	73.7	37.0	51.9
Disagree	7.1	15.8	17.4	15.2
Strongly Disagree	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Replies	14	19	46	79

Figure 34.

35. This Command "walks	Length of time this PAT h			Overall
	1-4 Months	5-8 Months	More than 8 Months	
Strongly Agree	15.4	23.5	32.6	27.4
Agree	76.9	58.8	53.5	58.9
Disagree	7.7	11.8	11.6	11.0
Strongly Disagree	0.0	5.9	2.3	2.7
Total	100.0	100.0	100.0	100.0
Number of Replies	13	17	43	73

Figure 35.